

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							<small>SERIAL NO.</small> <div style="font-size: 1.2em; font-family: cursive;">09922763</div>	<small>FILING DATE</small> 					
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2	/			/	/	/	52						
3	/			/		/	53						
4	/			/		/	54						
5	/			/		/	55						
6	/			/		/	56						
7	<del>/</del>	6	cancel				57						
8		6					58						
9		6					59						
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12		6					62						
13		6					63						
14		6					64						
15		6					65						
16			/	/	/	/	66						
17				/		/	67						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6		2		2		TOTAL IND.						
TOTAL DEP.	54		15		9		TOTAL DEP.						
TOTAL CLAIMS	60		17		11		TOTAL CLAIMS						